

Latex Allergy Emergency Care Plan

Student Name:	DOB:
	Grade/School
Parent/Guardian Name:	Phone #:
Parent/Guardian Name:	Phone #:
Other Emergency Contact aware of child's condition:	Phone #:
Physician Name:	Phone #:

<p>Signs/Symptoms to watch for: Difficulty breathing ____ Swollen lips ____ Hives/rash/itching ____ Anaphylaxis ____ Nausea/vomiting/diarrhea ____</p>	<p>Intervention: Give: injectable medication (per medication form) Give: oral medication (per medication form) Name of med: Dose of med: Side effects of med that you expect:</p>
<p>***Call 911, then parents if breathing difficulty, hives, or injectable medication is given to child.***</p>	

Known triggers: Exposure to latex products such as balloons / gloves / art supplies /science supplies / gym equipment / foods (circle all that apply), other:

Location of medication while at school: Office / student's back pack / student carries on person / student's locker / other:

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

School Nursing and Health Services
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